

CITY OF GARFIELD HEIGHTS  
DAN KOSTEL RECREATION CENTER

REQUEST FOR ICE MADE

DATE

TIME

\_\_\_\_\_

NAME OF RESPONSIBLE PARTY

THEIR POSITION (COACH/TEAM REP/ ETC)

GROUP OR TEAM NAME

PHONE NUMBER

HOME

CELL

BEST TIME TO CALL

EMAIL

GAMES OR PRACTICE

DATES NEEDED

POTENTIAL TIME NEEDED

(PLEASE ADVISE THOSE WHO ASK FOR TIME THAT WE MAY NOT BE ABLE TO  
GUARANTEE EXACT TIMES REQUESTED)

AGE & GENDER \_\_\_\_\_

WHAT TYPE OF SLOT/S - HOW MANY

SLOTS  
NEEDED

1HR	1.25 HR	1.5 HR	1.75 HR	2 HR	ETC

Please fill out - email back to [mnichols@garfieldhts.org](mailto:mnichols@garfieldhts.org)